



**I Hereby Request**

Hard Copy       Labels       CD Rom

Alphabetical list by:       Voter Name       Street Name (Walking List)

**For the Jurisdiction/District checked below**

City/Town/Village(circle one)

School District

County Supervisory District #

City Aldermanic District #

Town Supervisory District #

Ward #

**Scope of Request**

Voters who participated in the election held on: \_\_\_\_\_

Voters who participated in the election held on: \_\_\_\_\_

Voters who participated in the election held on: \_\_\_\_\_

**Requestor's Contact Information**

NAME:

ADDRESS:

CITY/STATE/ZIP:

PHONE : (    )

Email:

**Non-Refundable Deposit**  
(due at time of order): \$

**Balance Due \$**

I hereby request copies as indicated above. I agree to pay the non-refundable deposit before such copies will be generated. Send requests and deposit payable to: Ozaukee County Clerk, at the following address:

Ozaukee County Clerk  
P.O. Box 994  
Port Washington, WI 53074

As of August 2006, the price for data from the Statewide Voter Registration System (SVRS) is **\$25 plus \$5 per 1000 voters** (rounded to the nearest thousand).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Office Use Only:**

Requestor contacted on: \_\_\_\_\_ By: \_\_\_\_\_